

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PT0-670)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.	
1							61
2							62
3							63
4							64
5							65
6							66
7							67
8							68
9							69
10							70
11							71
12							72
13							73
14							74
15							75
16							76
17							77
18							78
19							79
20							80
21							81
22							82
23							83
24							84
25							85
26							86
27							87
28							88
29							89
30							90
31							91
32							92
33							93
34							94
35							95
36							96
37							97
38							98
39							99
40							100
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL W/O.	3						TOTAL W/O.
TOTAL DEP.	27						TOTAL DEP.
TOTAL	30						TOTAL

FILING DATE

**APPLICANT(S)**

## CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
1	/					
2		/				
3		/				
4		/				
6		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11	/					
12		/				
13		/				
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29		/				
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31		/				
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36		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
46		/				
46		/				
47		/				
48		/				
49		/				
60		/				
TOTAL WFO.	2					
TOTAL DEF.	27					
TOTAL	30					

	MO.	DEF.	MO.	DEF.	MO.	DEF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL MO.						
TOTAL DEF.						
TOTAL						